

VOLUNTEER ORGANIZATION REQUEST FOR ABSTRACT OF DRIVING RECORD

An abstract of driving record must be obtained through the Department of Licensing. The Department will not provide a driving record unless this form is signed by a representative of a volunteer organization and the volunteer.

FOR VALIDATION ONLY		

VOLUNTEER/ PROSPECTIVE VOLUNTEER		-0005	
NAME OF VOLUNTEER/ PROSPECTIVE VOLUNTEER (Last, First, Middle)			
		T	
WASHINGTON DRIVER LICENSE NUMBER		DATE OF BIRTH (Month, Day, Year)	
I hereby authorize the Department of Licensing to forward my driving record t	o the volunteer	organization below.	
X		DATE SIGNED (valid four months)	
VOLUNTEER ORGANIZATION			
NAME OF VOLUNTEER ORGANIZATION			
ORGANIZATION MAILING ADDRESS			
CITY	ΓE	ZIP	
PRINT NAME OF ORGANIZATION REPRESENTATIVE (AR	(AREA CODE) TELEPHONE NUMBER		
I hereby certify that I am a representative of the volunteer organization listed Record requested shall be used exclusively to determine whether the voluntee permitted to operate a vehicle used to transport individuals under age 18, over disabled, upon public highways. I further certify that the information contained assigned, or otherwise transferred to any third person or party and shall be used in no way violate the provisions of RCW 46.52.130. I declare under penalty of perjury under the laws of the State of Washington to the state of the s	er/prospective er age 65, or ph I in this Abstrac sed in accordal hat the foregoil	volunteer should be nysically or mentally of will not be divulged, sold, nce with requirements of	

A fee of \$5.00 is required for each driving record. Fee should be in the form of a check or money order made payable to the Department of Licensing. Please allow two weeks from date of mailing to receive the record.

Please mail your request to: **Department of Licensing**

> **Driver Records** PO Box 9048

Olympia, WA 98507-9048

For questions, contact Customer Service at (360) 902-3900.